

APR 12 1940 85

Registration District No.

Primary Registration District No. 4001

State File No.

Registrar's No.

303

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 W. Highland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dottie Nina O'Neil 540

3. (b) If veteran, name was no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman O'Neil 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept. 16, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 5 29 hr. min.

9. Birthplace Driftwood, Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jesse Dotson
13. Birthplace Valley Falls, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Frazee
15. Birthplace Kingman, Ks.
(City, town, or county) (State or foreign country)

16. (a) Informant Herman O'Neil
(b) Address 115 W. Highland Ave.

17. (a) Burial (b) Date thereof Mar. 18, '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 South 10th St.

19. (a) March 16, 1940 (b) H. J. Nestle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 115 W. Highland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. Dec.
19 to March 15, 1940
that I last saw her alive on March 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Decompensation
auricular Fibrillation
myocardial Heart Disease

Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home While at work? (Specify type of place)
(e) Means of injury _____
23. Signature H. J. Nestle (M. D. or other) not
Address Kendrick Blag Date signed 3/16/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....*Victor Barry*....., Registered Apprentice No. *252*
working under my personal supervision.

Signed.....*John E. Myers*.....

Licensed Embalmer No. *3220*

P. O. Address. *St Joseph 570*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.